

CHAPTER 5

THE MIDDLE – CLASS BANGKOKIANS

5.1 The concepts of the Middle – Class

Depending on how it is defined, the concepts of 'class' seem to have existed beyond and well before the year period of 1993 to 1998, which is originally the time period that this thesis should be mainly focused on. In usual sense, "class" is often understood to have some sorts of associations with wealth, income, social status with occupational groups. In this sense, perhaps "stratification" is more general term than "class" among social scientists. "Stratification" is the general term used to describe a society which (1) distributes income, power, prestige, and other valued resources to its members unequally; (2) creates

distinctive classes of members who are culturally, behaviorally, and organizationally different (J. Turner, 1984a). The *degree* of stratification is determined by *how* unequally resources are distributed, *how* distinctive social classes are, *how* much mobility occurs between classes, and *how* permanent classes are (Turner, 1994: 116)".

Going to the specific case in Thailand, there had been a "class" system of "Sakdhina" until King Chulalongkorn abolished such a "class" system during the time of Siam's modernization in a wider scope. Dr. Akin Rabibhadana M.R. is famous in this field on his detailed book The Organization of Thai society in the early Bangkok period, 1782- 1873 (Akin, 1996). Dr. Akin did not specifically look at the Middle – Class Bangkokians but his view on 'Client and Patron relationship between Chinese immigrants and members of the class of *nai*' seemed to have some interrelation with Skinner (Skinner, 1957) and Juree (Juree, 1979). Juree has briefly noted on the "Emergence of the Thai Middle Class" as in the literature review, and in fact the Juree's tone noting on Skinner sounds similar to the work of Dr. Akin. This was where Juree noted that "Skinner (1957) states that the growth of the Thai Middle Class is based primarily on the upward mobility through education of the descendents of former freemen and on the assimilation of 19th century Chinese immigrants, as well as on the downward mobility from the old aristocratic and bureaucratic classes. I

(=Juree) would like to add that these people must have been the people who first comprised the middle class" (Juree, 1979: 17 – 18).

As I have mentioned in the literature review, Skinner has demonstrated in identifying the speech group among the "Chinese society in Thailand" but it is difficult to note on the specific field of the Middle – Class Bangkokians. Juree has taken two targeted groups of people whom Juree considered as the Middle – Class Bangkokians. But again, there seemed to have been difficulty in the validity of the holistic picture of the Middle – Class Bangkokians. The Chinese artisan shopkeepers and the Thai employees of the State Railway Organization of Thailand could be a minority of all the Bangkok people whom I would need to recognize as the Middle – Class Bangkok people.

Perhaps more important is that the Thai social stratification as notable in the Sakdhina has been abolished and never came back again as far as until the year period 1993 to 1998 is concerned. It was the time of King Chulalongkorn that there was a need to abolish the former social stratification based on the resources such as the size of the farm land and the static occupational group though not as rigid as the caste system. Indeed, social scientists are still firm on the views of the Middle – Class in terms of variables such as income, power

and prestige till this day. But the definition of the Middle – Class Bangkokians based on social status, status mobility and resources owned could well be interpreted to go against the abolishment of the Sakdhina by King Chulalongkorn. Furthermore, all the above authors did not write their articles in relation to the concepts of disease and medicine as well as health in Thai society. At the same time, the articles were concerned with the year period before (or well before) the 1993 – 1998 period in this thesis. Then what could be my definition of the Middle – Class Bangkokians? It looks to me that “age, sex and living region” seem to greatly affect a possible emergence of a “Middle – Class” society in the modern day period concerned here with this thesis.

5.2 The Bangkokians

From the hypothesis and objectives from previous chapters, the focus of this thesis has continuously been on 'medicine'. There is nothing wrong on this matter, but medicine, whatever the form, does not seem to exist without the human beings that need it. The relationship between human beings and medicine was discussed in the previous chapter, on the word "use" and "non - use" and the factors associated with traditional medicine in Thai society.

Going back to the original objective of this thesis, the focus of this thesis should not be on medicine alone, as there are 'users' as well as 'non-users' of traditional medicine in this country. The 'would-users' here mean the "middle – class people in Bangkok" and this chapter should be dedicated on the analysis of the middle - class Bangkokians when they are imagined as the main target.

The starting point of this 'middle - class Bangkokian-ness' is perhaps to look at who the Bangkokians are at first. The Bangkokians are the people in Bangkok, and Bangkok

is the capital city of the Kingdom of Thailand, and the people in the city of Bangkok are classified as the 'Bangkokians'!?

The above argument on the 'Bangkokians' could be bit simplified, as the 'people in Bangkok' are not necessarily the Bangkokians. For example, the capital city of Thailand attracts many foreign tourists and those foreign tourists are less likely to be put together and classified as the 'Bangkokians'. Moreover, since Bangkok is the major business center of Thailand, there are also expatriate foreigners living in Bangkok for a much longer period of time, apart from the foreign tourists whose stays can be counted in days, rather in months or years. But even those expatriate foreigners are also difficult to be classified as the 'Bangkokians' sometimes. In other words, there are several ways to distinguish the Bangkokians and the " *non - Bangkokians*" but the distinction between the Bangkokians and those who are not classified as the 'Bangkokians' are not really



Fig. 5.1. Tourism generates the foreign exchange exceeding US\$ 8 billion or 219.364 billion Baht for Thailand in the year 1996, according to Tourism Authority of Thailand – “Amazing Thailand”.

those in Bangkok in some cases. As for one argument between the foreign tourists in Bangkok and the Bangkokians, the difference between them could be the length of stay in Bangkok. For the case of the Bangkokians and the foreign expatriates living in Bangkok, one possible distinction between them could be the nationality or the types of passport they hold. Though it could be the case that not many Thai people living in Bangkok are likely to have Thai passport for the international travel especially after the Thai currency crisis erupted in 1997.

It is necessary to go beyond the argument from the foreign tourists and the foreign expatriates now, as there are several more issues concerning the Bangkokians, rest aside the issues of 'middle-class' Bangkokians and the 'middle-class-ness' in the coming paragraphs of this chapter. This is because the distinction between the Bangkokians and the non - Bangkokians cannot be made on the types of passport that they hold or the duration of stay in several other cases.

For example, the physical distance between Bangkok and Chiangmai is quite clear, as the two urban areas are not the identical urban areas and are not, at the same time, adjacent to each other. But there are some urban areas that are next to Bangkok by looking at the map of Bangkok and its surrounding areas. This will make such moving

from Bangkok to Samut Prakarn and the vice versa, between Samut Prakarn and Patumthani, and Nonthaburi and Patumthani very easily for many trips within any given day, for instance. The condition is given to the fact that this is the year period 1993 to 1997 and there are motor vehicles to move around, and hopefully no 'traffic jam' on the road. Even among the people having Thai passport and Thai citizenship, the distinction between 'Bangkokians' and those who are not otherwise are not necessarily too easy. How many 'Bangkokians' are there?

To remind the time period concerned for this research, the time frame of focus in my thesis is from the year 1993 to 1997. According to various statistics released from various Thai government offices, the 'population' of Bangkok metropolis is figured around the number of 5.5 million people in the year 1996. This 'population' of Bangkok metropolis is counted during the census collected by the Ministry of Interior that has the registration division at Local Administrative Department. The definition of head count varies from different countries and there are always some arguments of underreporting and miscalculation but I would take the figures released from the National Statistical Office as the basis for the further analysis.

According to the various numbers taken on people living in Bangkok by the National statistical office in Thailand, the census is to include the following people:

- All Thai nationals residing as of the census date.

- Persons having their usual residence in Thailand, but as of the census date, were away temporarily at field exercises, at sea or temporarily abroad.

- Government officials, both civilian and military including Thai diplomatic personnel and their families stationed abroad.

- Civilian nationals of foreign nations having their usual residence in Thailand of those who had resided for at least three months as of the census date.

But Bangkok is considered to have over five and a half million people and to count each person one by one is difficult. It is certainly harder than any villages in Thailand where head count is within 2 digits, for instance, and therefore the method of "sample census enumeration technique" is taken for Bangkok metropolis as well as non –

municipal areas of Thailand. This census method lists all persons and households enumerated within the main characteristics of population, except for those from a 20 per cent sample of households listed and enumerated that will be examined much more in details (From the homepage www.nso.go.th).

On the next pages at Table 5.1 and Table 5.2, there will be lists of largest ten and largest fifteen municipalities for the years 1970, 1980, 1990, 1991 and 1996.

จำนวนประชากรและอัตราการเพิ่มของประชากรในเขตเทศบาลที่ใหญ่ที่สุด 10 เทศบาล พ.ศ. 2513 2523 และ 2533
 NUMBER OF POPULATION AND GROWTH RATE OF TEN LARGEST MUNICIPALITIES : 1970, 1980 AND 1990

ลำดับที่	2513 1970		2523 1980		2533 1990			
	เทศบาล Municipality	จำนวน Number	เทศบาล Municipality	จำนวน Number	อัตราการเพิ่ม Growth Rate	เทศบาล Municipality	จำนวน Number	อัตราการเพิ่ม Growth Rate
1	พระนครศรีอยุธยา Phra-Nakhon-Thon Buri	2,495,286	กรุงเทพมหานคร Bangkok Metropolis	4,697,071	6.5	กรุงเทพมหานคร Bangkok Metropolis	5,882,411	2.3
2	เชียงใหม่ Chiang Mai	83,729	เชียงใหม่ Chiang Mai	101,594	2.0	นนทบุรี Nonthaburi	223,024	21.3
3	นครราชสีมา Nakhon Ratchasima	66,071	นครสวรรค์ Nakhon Sawan	93,935	7.2	นครราชสีมา Nakhon Ratchasima	249,172 +66,889	10.3
4	อุดรธานี Udon Thani	56,218	หาดใหญ่ Hat Yai	93,519	6.9	เชียงใหม่ Chiang Mai	166,883	5.1
5	หาดใหญ่ Hat Yai	47,953	ขอนแก่น Khon Kaen	85,863	11.3	หาดใหญ่ Hat Yai	142,592	4.3
6	นครสวรรค์ Nakhon Sawan	46,853	พิษณุโลก Phitsanulok	79,942	9.0	ขอนแก่น Khon Kaen	126,059	3.9
7	สมุทรปราการ Samut Prakan	46,632	นครราชสีมา Nakhon Ratchasima	78,246	1.7	นครสวรรค์ Nakhon Sawan	103,648	1.0
8	สงขลา Songkhla	41,193	อุดรธานี Udon Thani	71,142	2.4	อุบลราชธานี Ubon Rachatani	95,002	6.5
9	นครศรีธรรมราช Nakhon Si Thammarat	40,671	สงขลา Songkhla	67,945	5.1	สงขลา Songkhla	85,806	2.4
10	อุบลราชธานี Ubon Rachatani	40,650	นครศรีธรรมราช Nakhon Si Thammarat	63,162	4.5	นครศรีธรรมราช Nakhon Si Thammarat	74,611	1.7
	รวม Total	2,965,282		5,432,419	6.2		7,108,169	2.7
	เขตเมือง Urban	4,553,100		7,632,916	5.3		10,215,098	3.0
	เขตชนบท Rural	29,844,274		37,191,624	2.2		44,333,432	1.8

หมายเหตุ : 1. อัตราเพิ่มในช่วง 10 ปี

2. เขตเมือง หมายถึง เขตเทศบาล

Note : 1. Intercensal growth rate.

2. The urban population is defined as that in municipal areas.

ที่มา : สำมะโนประชากรและเคหะ พ.ศ. 2513 2523 และ 2533 สำนักงานสถิติแห่งชาติ

Source : 1970, 1980 and 1990 Population and Housing Census, National Statistical Office.

Table 5.1

Table 5.2

จำนวนประชากรและอัตราเพิ่มของประชากรในเขตเทศบาลที่ใหญ่ที่สุด 15 เทศบาล พ.ศ. 2534 และ 2539
 Number of population and growth rates of the fifteen largest municipalities : 1991 and 1996

ลำดับที่	2534 1991		2539 1996		อัตราเพิ่ม Growth Rate
	เทศบาล Municipality	จำนวน Number	เทศบาล Municipality	จำนวน Number	
1	กรุงเทพมหานคร Bangkok Metropolis	5,620,591	กรุงเทพมหานคร Bangkok Metropolis	5,584,963	- 0.1
2	นนทบุรี Nonthaburi	274,703	นนทบุรี Nonthaburi	483,652	12.0
3	นครราชสีมา Nakhon Ratchasima	270,419	นครราชสีมา Nakhon Ratchasima	268,835	- 0.1
4	สงขลา Songkhla	238,827	ชลบุรี Chon Buri	263,764	6.9
5	ขอนแก่น Khon Kaen	219,160	สงขลา Songkhla	260,522	1.8
6	ชลบุรี Chon Buri	189,002	ชัยภูมิ Chaiyaphum	196,050	50.3
7	เชียงใหม่ Chiang Mai	161,541	สมุทรปราการ Samut Prakan	194,503	18.9
8	นครสวรรค์ Nakhon Sawan	158,484	นครศรีธรรมราช Nakhon Si Thammarat	189,082	11.2
9	อุบลราชธานี Ubon Ratchatahani	141,274	ขอนแก่น Khon Kaen	171,092	- 4.8
10	สระบุรี Saraburi	138,888	เชียงใหม่ Chiang Mai	170,723	1.1
11	นครศรีธรรมราช Nakhon Si Thammarat	111,456	อุดรธานี Udon Thani	159,595	15.3
12	ยะลา Yala	90,778	นครสวรรค์ Nakhon Sawan	156,068	- 0.3
13	สุราษฎร์ธานี Surat Thani	85,898	อุบลราชธานี Ubon Ratchathani	154,357	1.8
14	ราชบุรี Ratchaburi	82,209	ปทุมธานี Pathum Thani	145,035	54.2
15	สมุทรปราการ Samut Prakan	81,789	สุราษฎร์ธานี Surat Thani	140,334	10.3

ที่มา : กองการทะเบียน กรมการปกครอง กระทรวงมหาดไทย

Source : Registration Division, Local Administration Department, Ministry of Interior

There are some technical difficulties for comparing and listing the largest ten and fifteen municipalities in Thailand in the given years. First of all, the largest municipality listed on the statistics in the year 1970 was Phra Nakorn Thon Buri, not Bangkok metropolis as in the figures for the year 1960, 1990, 1991 and 1996. This is to mean that the urban area and the municipal area as termed according to the National statistic bureau in Thailand are not identical. In fact, Bangkok Metropolis was earlier included as one of the 'provinces' in Thailand according to the figures released from the statistical office. On the coming page, there will be a list of the fifteen largest provinces at Table 5.3, in the years 1960, 1970, 1980 and 1990 in terms of the population to see the changes of Bangkok Metropolis.

จังหวัดที่มีประชากรมากที่สุด 15 จังหวัด

POPULATION OF THE FIFTEEN LARGEST PROVINCES

ลำดับที่	2503		2513		2523		2533	
Rank	1960		1970		1980		1990	
1	กรุงเทพมหานคร Bangkok Metropolis	2,136,435	กรุงเทพมหานคร Bangkok Metropolis	3,077,361	กรุงเทพมหานคร Bangkok Metropolis	4,697,071	กรุงเทพมหานคร Bangkok Metropolis	5,882,411
2	อุบลราชธานี Ubon Ratchathani	1,130,712	นครราชสีมา Nakhon Ratchasima	1,493,955	นครราชสีมา Nakhon Ratchasima	1,948,287	นครราชสีมา Nakhon Ratchasima	2,375,476
3	นครราชสีมา Nakhon Ratchasima	1,094,774	อุบลราชธานี Ubon Ratchathani	1,484,702	อุบลราชธานี Ubon Ratchathani	1,617,963	อุบลราชธานี Ubon Ratchathani	1,869,590
4	ขอนแก่น Khon Kaen	844,075	อุดรธานี Udon Thani	1,113,232	อุดรธานี Udon Thani	1,462,199	อุดรธานี Udon Thani	1,770,669
5	เชียงใหม่ Chiang Rai	811,771	เชียงใหม่ Chiang Mai	1,111,607	ขอนแก่น Khon Kaen	1,253,575	ขอนแก่น Khon Kaen	1,621,415
6	เชียงใหม่ Chiang Mai	798,483	ขอนแก่น Khon Kaen	1,048,656	นครศรีธรรมราช Nakhon Si Thammarat	1,214,498	นครศรีธรรมราช Nakhon Si Thammarat	1,400,598
7	อุดรธานี Udon Thani	744,174	เชียงใหม่ Chiang Mai	1,026,450	เชียงใหม่ Chiang Mai	1,154,850	บุรีรัมย์ Buri Ram	1,357,108
8	นครศรีธรรมราช Nakhon Si Thammarat	730,402	นครศรีธรรมราช Nakhon Si Thammarat	928,520	บุรีรัมย์ Buri Ram	1,098,255	ศรีสะเกษ Si Sa Ket	1,286,121
9	ร้อยเอ็ด Roi Et	668,193	บุรีรัมย์ Buri Ram	799,613	ศรีสะเกษ Si Sa Ket	1,063,253	สุรินทร์ Surin	1,220,540
10	นครสวรรค์ Nakhon Sawan	647,602	ศรีสะเกษ Si Sa Ket	796,295	สุรินทร์ Surin	999,795	ร้อยเอ็ด Roi Et	1,122,021
11	ศรีสะเกษ Si Sa Ket	601,356	ร้อยเอ็ด Roi Et	785,329	ร้อยเอ็ด Roi Et	948,234	สงขลา Songkhla	1,094,323
12	บุรีรัมย์ Buri Ram	583,585	นครสวรรค์ Nakhon Sawan	758,891	นครสวรรค์ Nakhon Sawan	942,068	ชัยภูมิ Chaiyaphum	997,861
13	สุรินทร์ Surin	581,732	สุรินทร์ Surin	755,283	เชียงใหม่ Chiang Rai	902,969	สกลนคร Sakon Nakhon	943,438
14	สงขลา Songkhla	500,285	ชัยภูมิ Chaiyaphum	632,241	สงขลา Songkhla	818,327	มหาสารคาม Maha Sarakham	878,675
15	มหาสารคาม Maha Sarakham	499,373	สงขลา Songkhla	621,849	ชัยภูมิ Chaiyaphum	817,594	ชลบุรี Chon Buri	851,181

ที่มา : สำมะโนประชากรและเคหะ พ.ศ. 2503 2513 2523 และ 2533 ทิวราชอาณาจักร สำนักงานสถิติแห่งชาติ
Source : 1960, 1970, 1980 and 1990 Population and Housing Census, Whole Kingdom, National Statistical Office.

Table 5.3.

The population of Bangkok metropolis has steadily increased from 2,136,435 in the year 1960 to 5,584,963 in the year 1996. Too many would assume that the factors of such population growth ARE the increase in birth rate and the fall in death rate in Bangkok metropolis. But those death/ birth numbers are not the only factors for determining the changes of Bangkok's population. In fact, migration is the one that has also greatly affected such changes in population.

The work of W. Skinner could be a prominent research even on the perspectives of *international* migration, the same author of the book "The Chinese in Thailand" published by Cornell University Press/ Ithaca. apart from the identification of the "speech groups" as I have noted earlier. W. Skinner has taken the early Chinese migrants to Thailand from the mainland China in his research for the analysis of Thai - Chinese community in Thailand. But this *international* migration from the mainland China is getting less and less of weight in terms of the overall population in Thailand as Thailand has effectively ended granting the instant immigrant status to those that had arrived from the mainland China since the late 1950's. The immigrants from the mainland China accounted by far the majority of the 'would - be' Thai migrants for years but after late 1950's, the research of migration is now more shifted on those who move within the country or the *internal* migration.

Going back to the figures of large municipality 's population in Thailand, there are several urban areas that have experienced much more than 2 to 3 % of population growth per annum over the years. The general population growth each year had NOT exceeded well above 4 %for the average in Thailand since 1970 (NSO, Social Indicators 1997, 1997: 10). Therefore as for the municipalities that have exceeded well above and well below the average population growth of Thailand, the factor of such population changes in several municipalities is considered primarily due to the *internal* migration. The natural increase or decrease of births and deaths are the *less* affecting factor for such population changes, and the emphasis is more on the movements from one rural area to a municipality or 'rural – urban' migration.

During the year 1991 to 1996, Patum Thani has experienced the highest growth of population among the largest 15 municipalities. As in the Table 9.2, the reading of 54.2% growth per annum is shown, and Pathum Thani 's population had been out of the list before the year 1991, prior to the population of 145,035 in 1996. Patum Thani is adjacent to Bangkok situated in the north, within commutable distance between two urban areas. As far as the Bangkok region is concerned, the population of Nonthaburi is the second largest after Bangkok with the 483,652 in 1996 and the growth of Nonthaburi

came the fifth during the same year period. Nonthaburi has seen the population growth of 12.0 percent per year and was not even on the largest 10 municipalities in the year 1980. Nonthaburi is also adjacent to Bangkok and it is where the Ministry of Public Health together and the National Institute of Thai Traditional Medicine are situated. Samut Prakan with the population 194,503 in the year 1996 is yet another municipality that is next to Bangkok in the south and has recorded the third fastest population growth among the largest 15 municipalities during the year 1991 to 1996. The growth was 18.9 % per year at Samut Prakan, after Patum Thani and Chaiyaphum, and Samut Prakan was also off the list from the largest 10 municipalities before the year 1990.

On the contrary Bangkok actually saw the decline in the population growth during the 1991 to 1996 period at minus 0.1 % per annum. It may complicate the image of general urbanization process taken in Thailand over the past several decades but the rate of out-migrants has speeded up in Bangkok since the 1997 Thai currency crisis. This is probably because internal migrants lost more career opportunities in Bangkok and left Bangkok due to the high cost of living here. According to the "Report of the Migration Survey 1997" by the National statistical Office in Thailand, there was a net outflow of 575,127 people from Bangkok to other regions in 1997. The new "In-migrants" to

Bangkok totaled 189,916 whereas the "Out-migrants" leaving Bangkok numbered 765,043 people after the 1997 Thai currency crisis. Of those net outflows of 575,127 people from Bangkok, 364,671 people recognized Northeastern region as the region of previous residence to Bangkok, followed by Central region for 184,867, northern region at 58,708 and Southern region for 3,962 (NSO, 1998).

5.3 The Middle – Class Bangkokians

From the growth of population as well as the geographical proximity, it is rationale to say that the Bangkokians are those not only appear on the census for Bangkok's population, but also those of Nonthaburi's, Samut Prakan's, Pathum Thani's as they are significant in number as well as in growth. The recent urbanization process in Thailand's capital took place more at a periphery of Bangkok, not at Bangkok itself. Who and how many are the aspects having cleared on the issues of the Bangkokians. But what about

the "Middle – Class" issues together with the factors affecting the concepts of disease, medicine and health?

One argument of the "Middle – Class" in Bangkok can be made concerning the use of traditional medicine as "Boutique" medicine as the sign of "Middle – Class" ness in Thai urban society. But this argument should be treated carefully because the use of traditional medicine for "Health for All" and the exclusive nature of Thai traditional medicine as "Boutique medicine" are opposite in nature. There is another story on the "Supply – side" policy of health care and resources and the "Rational use of Drug" could well mean as the "Rational prescription of traditional medicine". But this 'Supply – side' approach was questioned because what is needed and what is supplied do NOT necessarily equal to each other. This should be rest aside from the fact that those having licensed to use traditional medicine are getting smaller in number in terms of the number of traditional medicine pharmacies (Please see the later analysis). At the same time, it is difficult to say that there are doctors, nurses and other health care and resources providers who might be recognized as the "Middle – Class". as the majority of those "Bangkokians" would be other than doctor and nurse for the occupation. Which leaves the argument that "doctors, nurses and health care/ resources suppliers in Bangkok" are the " real " Middle – Class Bangkokians in a difficult supporting position.

Social scientists have generally researched on the issues of Bangkok, the middle class and the Bangkokians more than doctors and nurses but this does not help too much on the thesis topic of " the Use of Traditional Medicine by the Middle – Class Bangkokians (1993 – 1997). There are yet sufficient studies conducted by other scholars on the relationship between the Middle – Class Bangkokians and the factors affecting the concepts of disease, medicine and health in Thai society. For example, Juree Namsirichai Vichit – Vadakan has examined the Middle – Class Bangkokians by taking the ethnicity of "the Chinese in Thailand" and the occupations of "self – employed shopkeepers" and "the employees of State Railway organization of Thailand (SRT)" as being the "Middle – Class Bangkokian –ness" in her Ph.D. dissertation (Juree, 1979). Bringing the ethnicity up front may undermine the concept of "Health for All" because it may be interpreted as "Health for All earlier Chinese immigrants to Thailand", for example. At the same time, the explanation was made earlier on the difficulties of taking specific occupational groups such as doctors and nurses, and the State railway employee is also another occupation. There is however some hint on the title of the dissertation by Juree Vichit - Vadakan which is called "Not Too High and Not Too Low – A Comparative Study of Thai and Chinese Middle – Class Life".

Folk theory based on religion and spiritual beliefs and Germ theory based on the modern science are not the only possible factors affecting the concepts of disease,

medicine and human well - beings. It is important to recognize from the client's, the patient's side as well as the Middle – Class Bangkokians' side when it is necessary to see the link between the 'user' and the 'medicine'. The concepts of disease and medicine as well as human well – beings may well be associated with the factors due to "age" and "sex" as well as the living regions. This is to say that there is *demographic* approach to see the relationships between the "population of Bangkok and Thailand", and their needs of health and medicine.

One generally encounters different health problems at different age and sex "Class" Group as well as where one is. Here "Health for All" does not mean " Health for *All followers of a specific belief*" as could be in the case of taking a folk theory based on religion. "Health for All" does not indicate "Health for *All employees of a certain occupation*" at the same time. Rather, the concept of "Health for All" here is " Health for *All population in Thailand*", taking some characteristics such as age and sex and one's location that are still comparable among people from various different backgrounds. In fact the Ministry of Public Health in Thailand that includes the National Institute of Thai Traditional Medicine is there to serve for "Thai population" as one of the Ministry's objectives.

To start with, there is one example to see different health needs at different ages of life and at different sex. That is " Age specific death rates per 1000 persons by age group and sex" and the Table 5.4 will be shown on the next page.

Table 5.4

อัตราการตายต่อประชากร 1,000 คน จำแนกตามหมวดอายุของผู้ตาย และเพศ พ.ศ. 2517-2519 252
2532 2534 และ 2538-2539

Age specific death rates per 1,000 persons by age group and sex : 1974-1976, 1985-1986, 1989,
1991 and 1995-1996

หมวดอายุ และเพศ	2517-2519		2528-2529		2532		2534		2538-2539		Age group and sex
	1974-1976		1985-1986		1989		1991		1995-1996		
	ชาย	หญิง	ชาย	หญิง	ชาย	หญิง	ชาย	หญิง	ชาย	หญิง	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
อัตราการตาย	9.5	7.9	7.1	5.8	6.6	5.3	6.5	5.3	7.0	5.1	Crude death rate
อัตราการตายของทารก ต่ำกว่า 1 ปี	61.2	41.7	45.0	36.2	42.5	34.9	37.6	31.3	26.7	25.4	Infant mortality rate Under 1 year
1-4	7.8	7.8	2.2	1.3	1.4	1.1	1.4	1.1	1.6	1.1	1-4
5-9	2.4	3.6	1.3	1.3	1.2	0.9	1.2	0.9	1.1	0.8	5-9
10-14	1.8	1.2	0.7	1.1	1.1	0.5	1.1	0.6	1.0	0.7	10-14
15-19	2.2	2.7	1.5	1.5	1.5	1.1	1.4	1.0	1.8	1.6	15-19
20-24	2.9	2.2	1.9	1.6	1.7	1.6	1.7	1.5	2.4	1.9	20-24
25-29	3.0	2.3	3.4	1.7	2.3	1.3	2.2	1.3	2.8	2.1	25-29
30-34	5.5	3.2	3.5	1.9	3.2	1.7	3.0	1.7	3.3	2.3	30-34
35-39	7.5	4.3	3.9	2.3	3.4	2.6	3.4	2.5	3.5	2.5	35-39
40-44	9.2	6.2	5.0	3.4	4.7	3.1	4.6	3.1	4.3	3.1	40-44
45-49	9.8	9.7	7.4	4.3	6.6	3.9	6.5	3.8	5.6	3.5	45-49
50-54	16.6	7.8	10.4	7.4	9.3	8.5	9.1	8.4	7.5	6.1	50-54
55-59	18.4	13.0	16.5	14.2	18.3	9.0	16.9	8.9	12.8	9.9	55-59
60-64	30.4	18.9	28.7	18.8	22.1	13.7	21.2	13.4	19.8	11.9	60-64
65+	65.5	55.5	63.0	48.8	57.1	40.9	53.0	42.8	46.1	39.0	65 and over

ที่มา รายงานการสำรวจการเปลี่ยนแปลงของประชากร พ.ศ. 2517-2519 2528-2529 2532 2534 และ 2538-2539 สำนักงานสถิติแห่งชาติ
Source Report the Survey of Population Change 1974-1976, 1985-1986, 1989, 1991 and 1995-1996, National Statistical Office

The statistic of age and sex 'class' specific death rate at Table 5.4 shows that the death rate changes at different age 'class' groups as well as different sex 'class' groups. For instance, the death rate of male under 1 year old was 87.1 per 1000 persons at the earlier years of 1974 to 1976. But the same male under 1 year old saw fewer death rates at 30.2 per 1000 persons in the year period 1995 – 1996. Throughout the readings, the death rate declines as the age 'class' group steadies from below 1 year old infants but the mortality rises as the age 'class' group goes higher at the elderly. The readings of death rate can vary with different sex 'class' group at the same time.

Next example is of age and sex 'class' group as well as the different location of one's being on Table 5.5. Life expectancy varies because of sex 'class' group as well as where one is.

Table 5.5.

อายุขัยเฉลี่ยเมื่อแรกเกิด และอายุขัยเฉลี่ยเมื่ออายุ 60 ปี จำแนกเป็นรายภาค และเพศ
พ.ศ. 2538 - 2539

EXPECTATION OF LIFE AT BIRTH AND EXPECTATION OF LIFE AT AGE 60 YEARS BY REGION
AND SEX: 1995 - 1996

ภาค	อายุขัยเฉลี่ย เมื่อแรกเกิด		อายุขัยเฉลี่ย เมื่ออายุ 60 ปี		Region
	Expectation of Life at Birth		Expectation of Life at Age 60 Years		
	ชาย Male	หญิง Female	ชาย Male	หญิง Female	
ทั่วราชอาณาจักร	69.97	74.99	20.29	23.89	Whole Kingdom
กรุงเทพมหานคร	75.57	79.71	25.41	27.99	Bangkok Metropolis
ภาคกลาง (ไม่รวมกรุงเทพ- มหานคร)	72.15	75.72	20.50	23.26	Central Region (Excluding Bangkok Metropolis)
ภาคเหนือ	69.05	75.85	22.01	26.45	Northern Region
ภาคตะวันออกเฉียงเหนือ	68.43	73.71	18.00	22.17	Northeastern Region
ภาคใต้	68.11	73.45	20.83	24.59	Southern Region

ที่มา: รายงานการสำรวจการเปลี่ยนแปลงของประชากร พ.ศ. 2538-2539 สำนักงานสถิติแห่งชาติ สำนักนายกรัฐมนตรี
Source: Report on the Survey of Population Change: 1995-1996, National Statistical Office, Office of the Prime Minister

The readings of life expectancy are given in sex ' class' group and region specific within Thailand. The life expectancy of the Bangkokians is the highest for both male and female, at 75.77 years and 79.71 years respectively. The readings of the Bangkokians' general life expectancy are well above the national average of 69.97 years for male and 74.99 years for female.

It is quite explicit from the earlier paragraphs that the word '*class*' is used in conjunction with the words 'age' and 'sex'. What does it mean to the explanation of the 'Middle – Class –ness' if and when such Middle – Class group exists together with the factors affecting concepts of disease, medicine and human well - beings?

Unlike from casual observations, the population of Thailand is split uneven in numbers at different age and sex ' class' groups. It is easier to visualize this with the help of the "Percentage stratification and distribution of Thai population by 5 year age and sex ' class' group", or much more commonly known as the 'Population Pyramid' on Table 5.6.

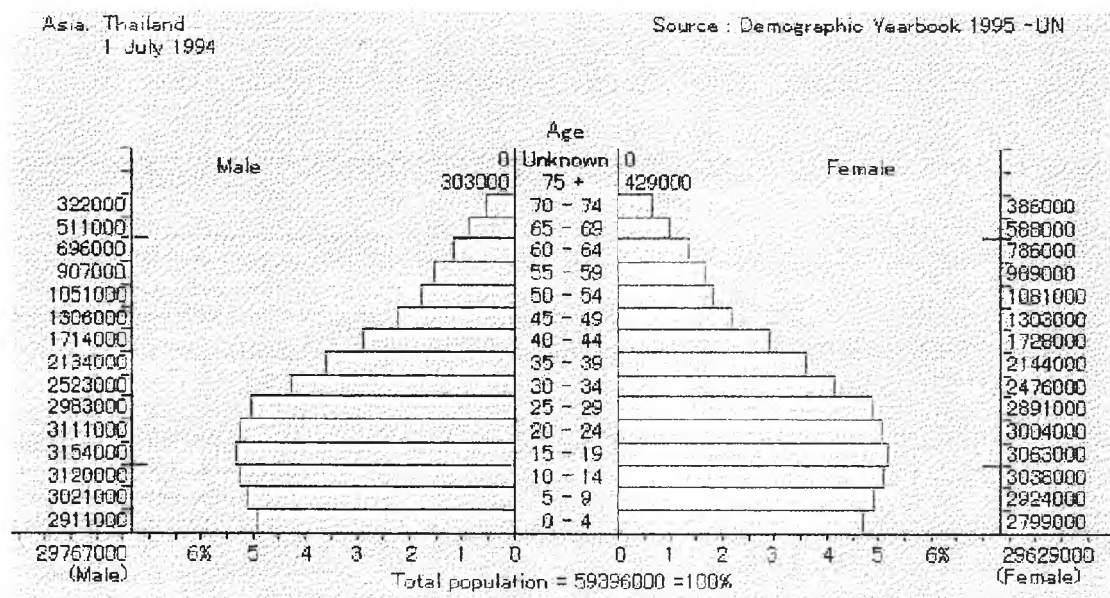


Table 5.6. Having too many obsessions on Thai 'sex' and 'age' as well as 'class' in 1994? The largest classes are in the "15 to 19 in age" and at "both male and female sex "Class groups. The Population Pyramid implies that Thailand is at an earlier formation stage of a "Middle - Class Society" in terms of 5-year age and sex Class groups. NOT TOO HIGH (65 plus), NOT TOO LOW (0 to 14 plus).

The Ph.D. dissertation by Juree was more so in Sociology and Anthropology than in Public Health, as her thesis was not written for the topics of the concepts of disease and medicine in Thai society. But her thesis title has some hints in the sense that the Middle – Class are those “Not Too High, Not Too Low’. This does not however mean the income class group in my thesis on “the Use of Traditional Medicine by the Middle – Class Bangkokians”. It is also different from the social status mobility noted by Juree in her thesis. In my idea the Middle – Class Bangkokians are the population in Bangkok who would not be too high above 65 plus and not too low below 15 in five-year age and sex ‘class’ groups.

The “Middle - Class – Ness” is often discussed by imagining the possible “High - class” and the “ Low –class” due to the income and social status. But I would argue that the current explanation is not made of ‘high’ or ‘low’ or ‘middle’ of income and of social status in relation to the factors affecting the concepts of disease and medicine as well as health. There are only the ‘Middle –Class’ people between age 15 to 64 and the so-called ‘dependants’ by demographers, whose ages are 0 to 14 years as well as above 65 years old.

By applying this idea of the Middle – Class being 15 to 64 in 5-year age and sex 'class' group, the Middle – Class Bangkokians would encounter the least health problems, compared to those 0 to 14 or above 65 years in age ' class' groups. Going back to the data on the age specific mortality rate per 1000 population in Thailand, those in the "Middle –Class" group from the age 15 to 64 are less likely to have higher mortality rates than those under 15's (especially under 1 year) or above 65's in age. In other words, there are less needs of medicine as far as the "Middle – Class Bangkokians" are concerned.

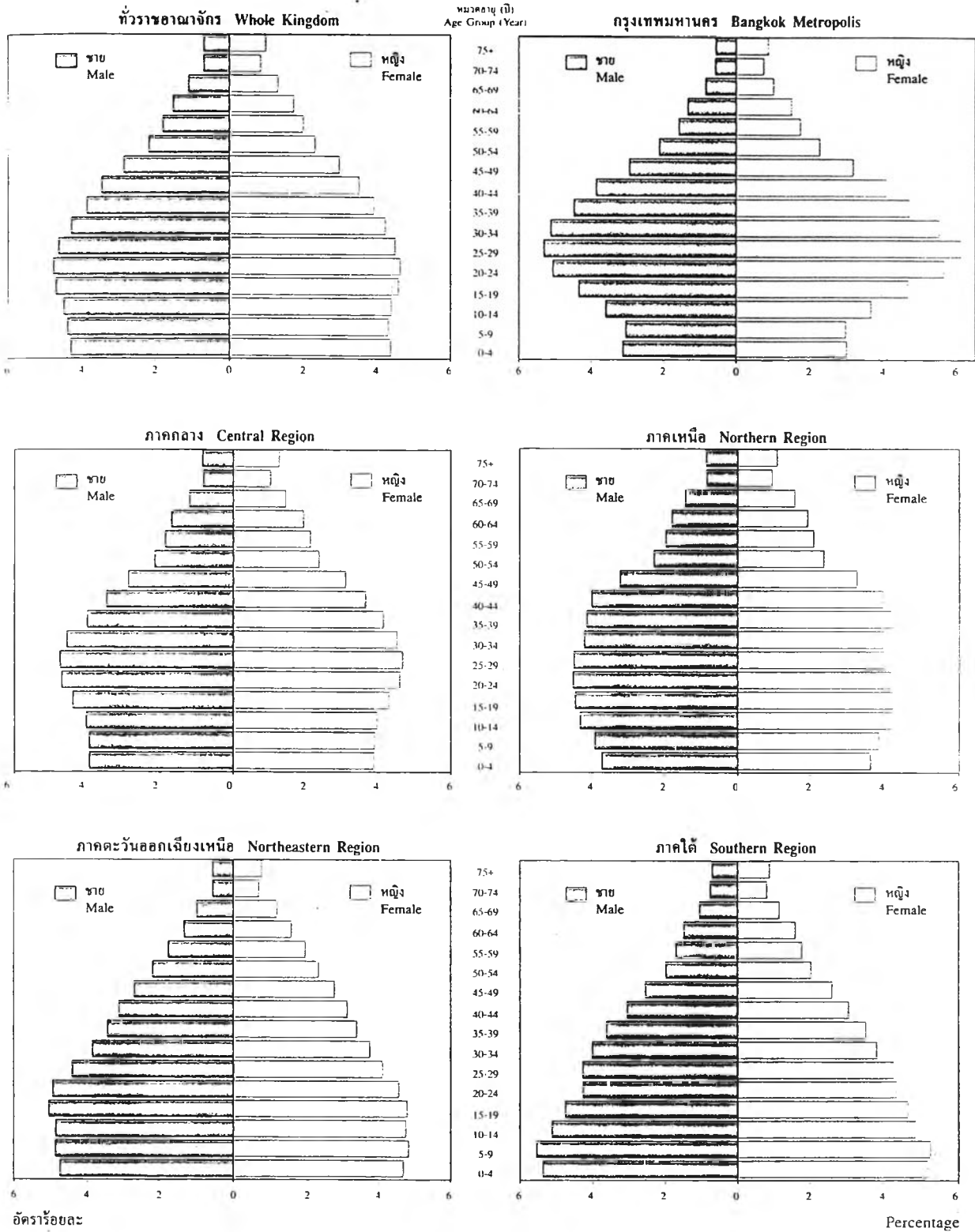
It does not negate however the needs of investigation of traditional medicine by looking at the clients' side. A research of medicine is often considered as a laboratory development of traditional medicine itself. But focusing on the Middle - Class Bangkokians as the main target should lead to the fact that the "Middle – Class" is not quite a division of "Class" in the contexts of political, social and ethnic differences as well as the use of medicine. But the emphasis is in terms of 'working age population' whose age is between 15 to 64 years old and the "dependents" that are up till 15 and above 65 in age and sex ' Class' group. Bangkok's and Thailand's changing demographic patterns need to be fully examined in order to recognize any needs of

use in traditional medicine, health care and treatment.

Lastly, there will be shortly population pyramids of Bangkok metropolis as well as of other regions in Thailand at the year 1999 at Table 5.7. Even though the year 1999 as the statistical year is beyond what was set earlier as the "1993 to 1997" period, the patterns of population pyramid according to various regions indicate what it means by the formation of a 'Middle – Class' society in Bangkok and the "Middle –Class Bangkokians". The country average indicates an earlier stage, but it would be possible to judge that Bangkok metropolis has already formed a "Middle – Class" society due to the urbanization and the internal migration at and towards 'Bangkok and the surrounding provinces of especially Nonthaburi, Samut Prakan and Pathum Thani".

อัตราร้อยละของประชากร จำแนกตามหมวดอายุ เพศ และภาค พ.ศ. 2542
 PERCENTAGE DISTRIBUTION OF POPULATION BY AGE GROUP, SEX AND REGION: 1999

Table 5.7.110



ที่มา: การคาดประมาณประชากรของประเทศไทย พ.ศ. 2533-2563 สำนักงานคณะกรรมการพัฒนาการเศรษฐกิจและสังคมแห่งชาติ สำนักนายกรัฐมนตรี
 Source: Population Projection for Thailand 1990-2020, Office of the National Economic and Social Development Board,
 Office of the Prime Minister